

Linkage

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FROM THE OFFICE OF THE DIRECTOR

School's In *By Oscar Morgan*



The Mental Hygiene
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The Maryland
Department of
Health and
Mental Hygiene

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Governor

Kathleen Kennedy
Townsend,
Lt. Governor

Georges C. Benjamin, MD
*Secretary,
Department of Health
and Mental Hygiene*

During this time of year many of us may find ourselves engaged in preparing our children for re-entry into the school system. While trying to maintain balance with home and office, we are particularly challenged during these times. The Mental Hygiene Administration (MHA) recognizes the importance of ensuring the well-being of our children, and equally recognizes the importance of maintaining the well-being of caregivers. It is with this objective that MHA and Core Service Agencies (CSAs) continue to address the need for increased community-based services, specifically school-based mental health services. Further, MHA and the CSAs, in collaboration with the Maryland Assembly on School-based Health Care, family advocacy groups, local management boards, and the Office of Children, Youth and Families, continue to identify practice models for school-based mental health services, and continue to plan for the development and dissemination of these services in schools across Maryland. In addition, integrating mental health services within existing early childhood development programs continues to be a priority in furthering our efforts toward early identification in the prevention of serious mental illness. Through the

campaign, "*Caring for Every Child's Mental Health*," the Mental Health Association of Maryland recently developed a series of public service announcements with Fox and WB Television Networks focusing on children's mental health and the need for early identification. Moreover, in collaboration with the Departments of Education, Juvenile Justice (DJJ), Human Resources, the local offices of Social Services, and the Maryland Hospital Association, MHA and the CSAs continue to address issues of access for individuals with co-existing conditions, as well as address issues related to the implementation of prescreenings for mental illness and substance abuse within the detention centers and DJJ facilities. Throughout these processes, MHA continues to encourage and promote the implementation of "best practices" for Maryland's Public Mental Health delivery system.

MHA is now focusing more effort in the area of research and evidenced-based, cutting-edge practices in mental health. In fact, the 2001 MHA Annual Conference, being planned for May 2nd & 3rd at the Towson Sheraton, will highlight some of the "best practices" in mental health. Through continued collaborations with the academic community, mental health providers, advocacies,

Continued

Understanding Depression

An excerpt from the
MHAPGC Newsletter

Since its inception in January, the National Mental Health Association's depression screening web site (www.depression-screening.org) has received almost four million hits. The site, which offers anonymous screenings with instant online results, was developed to reach the nearly 20 million Americans suffering with depression each year. The goal of the site is to encourage more people with depression to seek treatment.

Major depression is marked by persistent thoughts of hopelessness, worthlessness or emptiness, along with disruptions in sleep, appetite, concentration, memory, and energy. Nearly twice as many women as men are affected, and elderly persons are at high risk because of co-existing illnesses. One in ten children and adolescents experience depression

that is severe enough to affect their daily lives.

People with depressive disorders cannot simply "pull themselves together" and get better. Depression is most commonly caused by imbalances of brain cell chemistry. Decreased thyroid function can also cause depression, and some types of depression are hereditary.

Each year approximately nineteen million people, or 9.5 percent of the US population, are diagnosed with a depressive illness. One-fourth of all women will have at least one depressed period in their lives. Depression can occur at any age, but it is most common from ages 18-44. It can start with a change in life, such as the death of a loved one, a divorce, or a move to a new area.

Depression can be *mild* (also called dysthymia) -- where the person is in a chronic down mood; *major* -- where there may be thoughts of suicide; *bipolar disorder* (also called manic depression) -- when periods of depression alternate with high wild energy, and;

seasonal affective disorder (SAD), also known as the "winter blues."

Once diagnosed, depression is one of the most treatable of all mental illnesses. Depression can be successfully treated with drugs, herbal medicines, psychotherapy and other treatments, including light therapy and electroconvulsive therapy.

Symptoms of Clinical Depression:

- Persistent sad, anxious, or "empty" mood
- Sleeping too little or too much, fatigue or loss of energy
- Changes in weight or appetite
- Loss of pleasure or interest in activities, feeling hopeless or worthless
- Persistent physical symptoms that do not respond to treatment
- Difficulty concentrating, remembering or making decisions
- Thoughts of suicide or death

Note from Editor: Deadline for submission of articles for next issue of *Linkage* is **November 27, 2000.**

For free information, call
1-800-228-1114. ■

Linkage

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Contributions are welcome, but subject to editorial change. Please send to Editor at above address.

School's In

Continued

consumers, and family members, MHA is confident that Maryland's Public Mental Health System (PMHS) will prove to be a strong leader in the field. We remain enthusiastic that similar collaborations will effectuate the necessary advances in programming to provide the best treatment and rehabilitation in order to promote resiliency, health, and recovery.

Within this framework, however, education is the foundation to any success. MHA recognizes that providing opportunities for professional growth is an essential component to ensure "best practices" within the PMHS. MHA also recognizes that consumers may need enhanced support services, training, and more professional employment opportunities to increase their success in living in the community. In addition, educating the general public, as well as the judicial and public safety systems and other human service systems, on the PMHS and disseminating current information related to psychiatric disorders -- including prevention, treatment and supports -- needs to be an ongoing, year-round process. At the forefront of all this activity must remain the goal to reduce the stigma of psychiatric disorders.

MHA is guided by the basic principal to share experiences in order to "learn and grow" together as a system. We invite you to remain with us to further the best practices in mental health for improved resiliency, health, and recovery for individuals with psychiatric

disorders. Indeed, school's in, and there are increased anxieties. But I believe we're ready to face the additional challenges. With continued collaborations, Maryland's PMHS will prove to be a valuable tool for families throughout the school year. ■

Who is Responsible for Coordination of Care?

*By Brian Hepburn,
M.D., MHA's
Clinical Director*



Brian Hepburn

The Public Mental Health System (PMHS) changed in July of 1997. At that time mental health was "carved out" from physical health when **HealthChoice** was created as the managed care program for Medicaid. Mental health stakeholders advocated for a carve-out and for establishing an administrative service organization, rather than contracting with a behavioral health organization. The Health Care Financing Administration's (HCFA) approval of the carve-out requires coordination of care between mental health and physical health.

The Mental Hygiene Administration's (MHA) coordination of care is primarily a responsibility at the provider level. However, the Coordination of Care Committee has been meeting monthly since the fall of 1997 to improve the system's coordination of care. Currently, there is an ongoing exchange of information between the **HealthChoice** Managed Care Organizations (MCOs) and Maryland Health Partners (MHP) to coordinate

with Primary Care Physicians (PCPs). The goal is to keep the PCPs informed regarding the individuals under their care who are receiving mental health services. In addition, the MCO's special needs coordinators have been working with MHP's care managers to improve coordination and quality of care for consumers with special needs.

The MHA has been working with MHP and the MCOs to improve coordination of care. However, a recent evaluation of the system and subjective comments by the Medical Assistance Advisory Committee indicates there is room for improvement. Consequently, the MHA is requesting that providers improve the coordination with PCPs. We are requesting mental health providers to set up Quality Improvement (QI) Plans to track the coordination of care. The primary area of concern is medication. Frequently, individuals in the PMHS are prescribed multiple psychiatric medications. It is important for the PCPs to know the medications of those individuals assigned to their care. MHA is recommending that psychiatrists notify PCPs each time a significant change (i.e., adding a new medication) is made regarding the individual's psychiatric medication. This should be monitored through a QI project.

The MHA is committed to improving the coordination of care between Mental Health Providers and PCPs. Please help improve quality of care for our consumers by improving the exchange of information with PCPs. ■

Mark Your Calendars:

September 27, 2000 7:00 p.m. Way Station, Inc. presents the professional theater production of **Three Roses**, a compelling drama about women, violence, and transformation. The play will be presented at the Jack B. Kussmaul Theater of Frederick Community College located at 7932 Opossumtown Pike, in Frederick. Sponsors include Sheppard Pratt Health System, Frederick Memorial Healthcare System, Frederick Community College, Frederick County Mental Health Association, Heartly House, the Jefferson School and the Mental Health Management Agency. Admission is \$5.00. For more information, contact Jeanne P. Vasold at (301) 662-0099, ext. 1218.

October 5, 2000, 10:00 AM – 3:00 PM **DHMH's Annual Fall Fest (Health Fair).** Co-sponsors: Maryland General Hospital and Taylor Health Systems. Location: 201 W. Preston Street in Baltimore, Lobby Level. Offering free workshops, health screenings, depression screenings and health informational materials. Beginning at 12:00 noon, the **Third Annual Talent/Gong Show** kicks off with a host of new judges.

October 6, 2000 8:30 a.m. – 4:30 p.m. A domestic violence program will be sponsored by the Anne Arundel Community College and the Anne Arundel County Domestic Violence Coordinating Council, entitled **"Together, We Can Do What We Cannot Do Alone."** The program will be held at the Anne Arundel Community College's Pascal Center for Performing Art. General public fees: \$55.00. For more information, call (410) 541-2625. Register by September 30th.

October 12, 2000 8:00 a.m. – 3:45 p.m. – **Twelfth Annual Suicide Prevention Conference** presented by DHMH and the Governor's Interagency Workgroup on Youth Suicide Prevention. The Theme of this year's conference is **"Celebration of Life: A Journey with Hope"**. Keynote Speaker: Dr. Gwendolyn Goldsby Grant, psychologist, mental health educator, and the advice columnist for *Essence Magazine*. Location: Martin's West at Security Boulevard in Baltimore. Fee: \$50.00 (\$60.00 for registrations postmarked after October 1st). For more information, contact Henry Westray, Jr., LCSW, at (410) 767-5060.

October 20, 2000 12:30 p.m. – 3:30 p.m. **Sixth National Teleconference on Violence — "Bringing the Elements Together: Ending the Cycle of Violence."** Location: 201 W. Preston Street in Baltimore. For more information, contact Henry Westray, Jr., LCSW, at (410) 767-5060.

May 5, 2001 **DHMH's Official Mental Health Month Kick-Off and One-Mile Walk** at the Inner Harbor, Market Place, Port Discovery, beginning at 11:00 AM. ■

A Sampling of FREE DEPRESSION SCREENING SITES held on October 5, 2000

Baltimore Mental Health Systems
201 E. Baltimore Street
(410) 837-2647

Cherry Hill Senior Life Center
Baltimore

DHMH and Maryland General Hospital
201 W. Preston Street
(410) 225-2000 or
(410) 767-6629

Howard County General
Howard County

Morgan State University Counseling Center
Baltimore

North Arundel Hospital Department of Psychiatry
Glen Burnie

St. Agnes Hospital
Baltimore City

Taylor Health Systems
Ellicott City

Union Hospital
Elkton

University of Maryland Counseling Center
College Park

Villa Maria
Timonium

For specific information regarding these and other sites, call the Mental Health Association of Maryland at (410) 235-1178. ■

MHA Creates an Office of Compliance

To support and strengthen the implementation of the Mission of the Mental Hygiene Administration (MHA), which creates and manages a coordinated, comprehensive, accessible, culturally sensitive, and age appropriate system of publicly funded services and supports for individuals who have psychiatric disorders, the Administration has created an Office of Compliance.

Noreen Herbert, R.N.C., has been named Chief of this unit, with the primary objective of coordinating the variety of established monitoring activities, which assure that



Noreen Herbert

consumers of the Public Mental Health System (PMHS) have received the services which have been authorized and paid.

The Office of Compliance will assure that the Public Mental Health System (PMHS) is providing services and conducting business in an ethical manner, and that system participants are complying with all laws of the State of Maryland and the Federal government. Some health care providers within our system have established compliance programs in response to the Federal government's encouragement to monitor their organizations compliance with the wide variety of regulations affecting health care.

The Compliance Office will review and respond to the Behavioral Health Utilization Reviews conducted by

Integrated Healthcare Auditing and Services (IHAS). The site visits conducted by IHAS assure that all services rendered are medically necessary, accurately documented, and appropriately coded at time of billing. If IHAS determines that records are insufficient, the MHA Compliance Office will review the reports to determine whether there has been any improper billing and whether any reversion of funds or other sanctions are required.

Routine monitoring visits to the residential treatment centers and freestanding psychiatric hospitals will also be coordinated through the Office of Compliance. While including the items mentioned above, these visits will also examine additional aspects of the treatment process. Similar to the Inspection of Care monitoring, previously conducted by the Medicaid Compliance Unit, the MHA has expanded the format to examine the treatment, planning and service delivery system of the organization. Issues of access to admission by those outside of the Medicaid system are reviewed. The MHA also believes that it is extremely important to speak directly with the consumers of these services and their families. Therefore, an interview process has been added to the review visit.

The reports generated by the Utilization Reviews, conducted by the hospitals and residential treatment centers, should now be forwarded to MHA'S Office of Compliance. Sometime in the future, MHA plans to review with you the policies and procedures currently in place regarding these activities.

We would like to encourage all providers in the PMHS to review their compliance programs and do the checks and balances currently in place, which assures the appropriate documentation of services provided and invoiced. It is most important to remember that if it isn't documented, it didn't take place, and payment is not justified.

There are numerous Web Sites established to facilitate the dissemination of information and understanding of compliance for all levels of healthcare providers. We would encourage you to review the information available to you through these Web Sites as you review and update your policies. Some Web Sites you may wish to review are:

www.complianceinfo.com
www.ihcca-info.org

Should you have any questions or concerns, you may contact Ms. Herbert at (410) 767-6540. ■

**October is
National Youth Suicide
Prevention Month!
plus
Mental Illness
Awareness Week
October 1st thru 7th**

Editor's note:

Linkage will no longer be widely circulated.

It will be available on MHA's Website, at

www.dhmmh.state.md.us/mha

Anyone wishing to remain on the mailing list, call 410-767-6629.

A Novel Program for Individuals with Mental Illness in the Criminal Justice System

By Erik Roskes, M.D. and Ann Strangman, LCSW

The transition between incarceration and the community is a difficult and stressful process. This is especially true for individuals with a mental illness, who may have difficulty coping with such stress. On August 1, 1999 the Mental Hygiene Administration, in conjunction with the Maryland Department of Public Safety and Correctional Services, Division of Corrections, and Baltimore Mental Health Systems, initiated a new aftercare program. In recognition and in response to a variety of issues:

- accessing mental health services,
 - improving linkages with community providers,
 - preparing individuals more adequately for the stress of release,
- the need for an improved pre-release treatment and case management program was recognized.

As it has been developed, the program is designed to accept all individuals with a mental illness from Baltimore City within the Department of Public Safety and Correctional Services, including those with co-occurring illnesses, approximately six months prior to the scheduled release date. During the individual's stay in the transition program, a variety of individualized treatment modules are offered, which are geared to enhance the individual's transition to the community. These modules, some of which are still under development, include:

- | | |
|--------------------------|--------------------------|
| • Medication compliance | • Social skills training |
| • Community group | • Twelve-step groups |
| • AIDS education | • Anger management |
| • Budgeting training | • Decisions model |
| • Assertiveness training | • Drug education |
| • Relapse prevention | |

In addition to the training and education groups, the treatment staff of the transition program undertakes a comprehensive reassessment of the individual's psychiatric diagnosis and treatment needs. The individual's medication regimen is evaluated and adjusted as needed. As the date of release approaches, the transition program's social worker invites the appropriate community-based case manager or other provider to Patuxent to meet with the individual. A coordinated effort at comprehensive linkage is undertaken by this

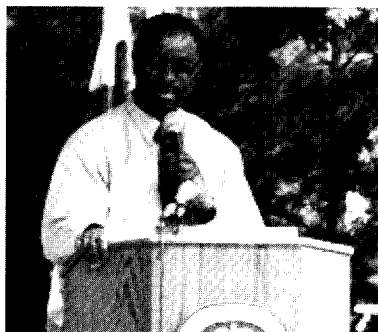
team of institutional and community providers, and includes as needed:

- Living arrangements
- Community mental health services
- Community addiction treatment services
- Psychosocial or vocational rehabilitation services
- Application for available entitlement/benefits (e.g. SSI, Medical or Pharmacy Assistance, Veterans benefits)
- Medical treatment
- Confirmation of required parole supervision.

Upon release from the detention center, the staff of the transition program will follow-up at 14, 30, and 90 days to document successful linkage to the needed services. In addition, Baltimore Mental Health Systems, Inc., has allocated funds received from the State to evaluate this aftercare program.

As of this writing, given the recent initiation of the intervention, no data has yet been compiled. In a future article of *Linkage*, we will provide information regarding the evaluation.

If anyone is interested in learning more about this program, please contact us at (410) 799-3302 or (410) 799-8486, or e-mail us at eroskes@juno.com. ■



Oscar Morgan, MHA Director (left), and Arlene Stephenson, Deputy Secretary for Public Health Services, (right) were speakers at the AIDS Hotline Kickoff and Ten Year Anniversary of Maryland's Youth Suicide Hotline, held at the Prince George's County Hotline Center.

